



North Carolina Department of Health and Human Services

Division of Aging and Adult Services

2405 Mail Service Center • Raleigh, North Carolina 27699-2405

Courier 56-20-25 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director
(919) 733-3983

February 28, 2005

Dear County Director of Social Services, Area Mental Health Director, Local Health Department Director and County Department on Aging Director

Subject: Training for Public Agent Guardians

Ethical dilemmas frequently arise during decision making and are often challenging for the guardian. The guardian is very often concerned about liability when making difficult decisions in the best interest of wards. This may be especially true when the guardian is challenged with whether to, for example, consent to invasive medical treatment that may harm the ward, implement do not resuscitate orders, or withhold or withdraw extraordinary means.

The Division of Aging and Adult Services is pleased to announce that two guardianship workshops entitled, Guardianship: "Decision Making, Legal and Ethical Issues", will be held during SFY 2004-05. **These 2-day workshops are specifically designed only for directors, and assistant directors of local human services agencies who serve as disinterested public agent guardians, and attorneys working with these agencies.**

Through case-based discussions, lecturettes, and audio visual materials participants will be introduced to key concepts, issues, and ethical principles to facilitate informed decisions. Participants will learn practical strategies to strengthen existing policies and procedures for decision making and approaches the guardian may utilize to support the guardian's legal mandates, duties to the ward and limit the guardian's liability.

Mark your calendars for these workshops and share with your *legal staff. You do not want to miss this opportunity to network with peers and experts.

The workshops will be held in the following locations:

April 25 & 26, 2005

Ramada Inn
Salter Path Road
Atlantic Beach, NC

June 2 & 3, 2005

Guilford County Department of Social Services
1204 Maple Avenue
Greensboro, NC

(*Continuing Legal Education [CLEs] credits have been applied for.)

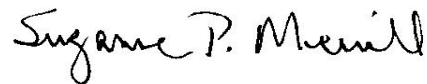
Dear Director
RE: Basic Guardianship Training
February 28, 2005
Page 2

You must pre-register if you plan to attend a workshop. There is no limit on the number of participants who may attend a particular workshop. Registration information is attached. Please complete all information on the registration forms and duplicate if more than one person from your agency plans to attend. Please mail all registration information at least two weeks in advance of the specified workshop to Monica Nealous at the above address or FAX to (919) 715-0023.

You will be mailed a confirmation letter, directions to the workshop site, and suggestions about overnight accommodations for the workshop in Greensboro. If you plan to attend the workshop in Atlantic Beach, the hotel information is attached. Please contact the hotel and make your reservations.

If you have questions or need additional information about the workshops, please contact Kate Walton, Guardianship Consultant or Rosalyn Pettyford, APS & Guardianship Program Coordinator at (919) 733-3818. County departments of social services may contact your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/rp

Attachments

AFS-02-2005

Adult Services, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?

(For prerequisite information please refer to the training description)

☐ Yes ☐ No

☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____ Social Security Number: _____ Gender: ☐ Female ☐ Male
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
() ()

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:	Work Type:	Program Responsibilities:	Other Roles:
<input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	<input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	<p>If you are NOT a county DSS worker, please skip to the next box (Check all that apply)</p> <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	<p>Complete this box if you are NOT a county DSS worker</p> <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other

Highest Degree	Highest Social Work Degree
<input type="checkbox"/> HS <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached
Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____

REGISTRATION INFORMATION

**Ramada Inn
Atlantic Beach, NC**

Please call 1-800-338-1533 or (252) 247-4155 to reserve a room.

***Room Rates:**

Sunday through Tuesday - \$57.00 per night (single/double occupancy)

Friday & Saturday - \$87.00 (single/double occupancy)

*** To ensure the special room rates, please make sure to indicate that you will be attending the NC Division of Aging and Adult Services Guardianship Workshop.**

Guardianship: Decision Making
“Legal & Ethical Issues”
(Workshop for directors, assistant directors of local human service agencies and attorneys)

AGENDA

DAY 1

- | | |
|---------|---|
| 8:30 AM | Check-In |
| 9:00 | Welcome/Introductions |
| 9:30 | SESSION ONE: Purpose & Scope of Guardianship |
| | Alternatives to Guardianship |
| | Full/Limited Guardianship |
| | Restoration to Competency |
| 10:45 | BREAK |
| 11:00 | SESSION TWO: The Guardian, Surrogate Decision Maker and Advocate |
| | Standards for Decision Making |
| | Principles for Decision Making |
| 12:00 | LUNCH (On Your Own) |
| 1:30 | SESSION TWO (cont.) |
| | Decisions/Choices |
| | Risky Behaviors |
| 2:45 | BREAK |
| 3:00 | SESSION TWO (cont.) |
| | Rights Wards Lose/Retain/Regain |
| | Advance Directives: Decision Making Tools |
| 4:30 | Adjourn |

AGENDA

DAY 2

- 8:30 Check-In
- 9:00 **SESSION THREE: Ethical Issues in Health Care Decision Making**
- Video: Bill Moyers “On Our Own Terms”
- Ethics Defined
 - Ethics vs. Law/Regulations
 - Ethics vs. Religion
 - Ethical Decisions/Dilemmas
 - Common Ethical Dilemmas in Health Care
 - Five-Step Approach to Ethical Decision Making
- 10:45 **BREAK**
- 11:00 **SESSION THREE (cont.): Case Based Discussion**
- Case One: Futile Care?
 - Case Two: Double-Effect Death
 - Case Three: Implementing Advance Directives
 - Case Four: Decision Impairment and Informed Consent
- 12:00 **LUNCH (On Your Own)**
- 1:00 **SESSION THREE (cont.)**
- Written Guidelines/Procedures
 - Delegating Decision Making
- 1:30 **SESSION FOUR: Documentation and Confidentiality**
- Recordkeeping
 - Protecting Wards’ Confidentiality
- 2:45 **BREAK**
- 3:00 **SESSION FIVE: The Guardian’s Liability**
- Limiting Liability
- 4:00 **Adjourn**